

The demographic information you provide the **MA Oral Health Equity Project** is very important. It will allow us to develop future oral health programs specific to the Holyoke community. Answering the questions below is voluntary and everything you share with us will remain confidential.

**1) How do you describe yourself ? (please check all that apply)**

- |   |   |
|---|---|
| <input type="radio"/> Hispanic / Latino                       | <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> Black / African American (non-Hispanic) | <input type="radio"/> American Indian or Alaska Native          |
| <input type="radio"/> White (non-Hispanic)                    | <input type="radio"/> Asian                                     |

**2) What is the primary language spoken at home?**

- |                                      |  |
|--------------------------------------|--|
| <input type="radio"/> English        | <input type="radio"/> Vietnamese               |
| <input type="radio"/> Spanish        | <input type="radio"/> Other (please write in): |
| <input type="radio"/> Portuguese     | _____  |
| <input type="radio"/> Haitian-Creole |  |

**3) How many children between ages 0-5 live in your household?**

- |                            |                                 |
|----------------------------|---------------------------------|
| <input type="radio"/> None | <input type="radio"/> 3         |
| <input type="radio"/> 1    | <input type="radio"/> 4 or more |
| <input type="radio"/> 2    |                                 |

**4) How many children between ages 6-14 live in your household?**

- |                            |                                 |
|----------------------------|---------------------------------|
| <input type="radio"/> None | <input type="radio"/> 3         |
| <input type="radio"/> 1    | <input type="radio"/> 4 or more |
| <input type="radio"/> 2    |                                 |

**5) What was your total household income in 2015?**

- |  |  |
|--|--|
| <input type="radio"/> Less than \$25,000   | <input type="radio"/> \$60,000 or more     |
| <input type="radio"/> \$25,000 to \$44,999 | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> \$45,000 to \$59,999 |  |

**Are you are a parent or guardian of one or more children age 0 to 14 years? If yes, we want to learn from you about children's oral health in Worcester/Holyoke. Please complete the following questionnaire. Your input is valuable and greatly appreciated.**

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*If you have more than one child age 14 or younger, answer questions 1 and 2 about your youngest child.*

1. Did your child have a dental visit within the last 12 months? ☐ Yes ☐ No
2. Does your child go to bed with anything other than water? ☐ Always ☐ Sometimes ☐ Never
3. For each statement, please check the circle indicating whether you agree, disagree, or don't know.

Fluoride helps prevent tooth decay	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
The risk of getting tooth decay increases with more frequent exposure to sugar in snacks	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
All children older than 6 months should receive fluoride drops or tablets every day	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Parents should brush their child's teeth twice a day until the child can handle the toothbrush alone	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
All children should be checked by a dentist around the time the first tooth comes in	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
A child's overall health does not depend on whether he/she has cavities in baby teeth	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know

4. Do you feel you have enough information about how to get dental care for your child?

☐ Yes ☐ No

5. When you have questions about oral health for your child, where do you go to get the answer? *(check all that apply)*

☐ Internet ☐ Dentist ☐ I don't know where to get information  
☐ MassHealth ☐ Pediatrician ☐ Other *(please explain)* \_\_\_\_\_

6. What are the biggest challenges to getting your child dental care? *(check all that apply)*

☐ Transportation ☐ Getting an appointment ☐ Dental providers not fluent in my language  
☐ Finding the time ☐ Cost of dental care ☐ Finding a dental provider who accepts my insurance  
☐ I don't experience any challenges ☐ Other *(please explain)* \_\_\_\_\_

7. What would help make getting dental care for your child easier? *(check all that apply)*

☐ More dentists that accept MassHealth ☐ More convenient dental care locations  
☐ More flexible dental care operating hours ☐ More non-English speaking dentists  
☐ Other *(please explain)* \_\_\_\_\_